

Torrance Council of PTAs

EVENT PLANNING WORKSHEET

Attach separate sheet(s) if more space is required for any section

* Item must be approved by the executive board.

** Item must be approved by the association.

EVENT / FUNDRAISER / PROGRAM TITLE:	
Chairperson(s):	
Email & Cell:	
Location:	Date and time:
Description:	

EVENT INCOME AND EXPENSES

Budgeted income: \$ _____

Budgeted expense: \$ _____

Is this a self-funding event? Yes No

List income and expense categories and estimates. Include things such as facility use permit, flyers, handouts, copy fees, nametags, refreshments, signs, presenter, publicity, audio/visual, etc.

Income		Expenses	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total estimated income:	\$	Total estimated expenses:	\$

CATERING

Name of Company:	Contact Information:
Cost per person:	Tip Amount:
Tax Amount:	Delivery Charge:
Menu Options:	

Copy to President, Treasurer, and Chairman

Chairman: Keep with copy of signed contract, flyers, announcements, etc.

COMMITTEE MEMBERS*Committee members are appointed by the president and ratified by the executive board*

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

SPECIAL CONTACTS (JUDGES, SPEAKERS, SERVICE PROVIDERS)

Name	Contact Information

CHECK WHEN COMPLETED (if applicable)

- | | | |
|---|---|---|
| <input type="checkbox"/> Program approved by council | <input type="checkbox"/> Volunteers confirmed | <input type="checkbox"/> Parental permission slip |
| <input type="checkbox"/> OK with PTA budget | <input type="checkbox"/> Judges confirmed | <input type="checkbox"/> Developed |
| <input type="checkbox"/> OK with council/TUSD calendar | <input type="checkbox"/> Hospitality arranged | <input type="checkbox"/> Copied |
| <input type="checkbox"/> OK with insurance | <input type="checkbox"/> Parking logistics | <input type="checkbox"/> Distributed |
| <input type="checkbox"/> Vendors need hold harmless and liability insurance | <input type="checkbox"/> Signage | <input type="checkbox"/> Evaluation form(s) |
| <input type="checkbox"/> Received staff input | <input type="checkbox"/> Publicity/Invitation materials | <input type="checkbox"/> Developed |
| <input type="checkbox"/> Facility Use Permit | <input type="checkbox"/> Developed | <input type="checkbox"/> Copied |
| <input type="checkbox"/> Special requirements | <input type="checkbox"/> Copied | <input type="checkbox"/> Other (list) |
| <input type="checkbox"/> Podium/Microphone | <input type="checkbox"/> Email notification sent | <input type="checkbox"/> |
| <input type="checkbox"/> Flag | <input type="checkbox"/> Posted on social media | <input type="checkbox"/> |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Press release via TUSD | <input type="checkbox"/> |

CHECK AND DATE WHEN COMPLETED

- Date funds allocated by council: _____
- Date event plan approved by executive board: _____
- Date contract approved by association (write N/A if not applicable) : _____

NOTES (include items to be finalized):

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